

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/69699

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57		/				
8		/					58		/				
9		/					59		6				
10		/					60		6				
11		/					61		6				
12		/					62		6				
13		/					63	/					
14		2					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20	/						70		/				
21		/					71		/				
22		/					72		2				
23		/					73	/					
24		8					74	/					
25		8					75	/					
26		8					76	/					
27		9					77	/					
28	/						78	/					
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		10				
33		/					83		10				
34		/					84		10				
35		/					85		2				
36		/					86	/					
37	/						87		/				
38		/					88		/				
39		/					89		2				
40		/					90		2				
41		/					91		/				
42		/					92		/				
43		/					93		/				
44		/					94		/				
45		7					95		7				
46		10					96		7				
47		10					97		7				
48	/						98						
49	/						99						
50		/					100						
TOTAL IND.							TOTAL IND.	19					
TOTAL DEP.							TOTAL DEP.	201					
TOTAL CLAIMS							TOTAL CLAIMS	220					